



IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

Imani I. Purvey

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Long Island Jewish
Valeystream, Franklin
Hospital

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

22-cv-3857

Complaint for a Civil Case

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☒ No
(check one)

DeArcy Hall, J.

Levy, M.J.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Imani A. Purvey
 146-50 230th Street
 Springfield Gardens
 New York, 11413
 917-921-3147
 Hmeliejanuary@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

Long Island Jewish
 Hospital (Northwell Health)
 900 Franklin Ave, Vally Stream
 Vally Stream, NY
 New York 11580
 (516) 256-6060

Defendant No. 2

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code _____
 Telephone Number _____
 E-mail Address _____
 (if known)

Defendant No. 3

Name _____
 Job or Title _____
 (if known)
 Street Address City _____
 and County State _____
 and Zip Code _____
 Telephone Number _____
 E-mail Address _____
 (if known)

Defendant No. 4

Name _____
 Job or Title _____
 (if known)
 Street Address City _____
 and County State _____
 and Zip Code _____
 Telephone Number _____
 E-mail Address _____
 (if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

False Claims Act, False statements
Act, Civil Monetary penalties law
the Physician Self-Referral Law

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) Imani Purvey is a citizen of the State of
(name) New York.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the
laws of the State of (name) _____, and has its
principal place of business in the State of (name)
_____.

*(If more than one plaintiff is named in the complaint, attach an additional page
providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of the State
of (name) _____. Or is a citizen of (foreign nation)
_____.

b. If the defendant is a corporation

The defendant, (name) Franklin Hospital Center, is incorporated under the laws of the State of (name) New York, and has its principal place of business in the State of (name) Vally Stream, NY. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

Outreaching, its includes several false claims with numerous individuals involved, continuous harassment, privacy violation

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Hospital entered a fraudulent no-fault auto accident claim which contained false statements, falsifying medical bills, fabricating documents. Covid 19 scam, conspiracy.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Civil Monetary penalties, punitive damages, criminal liability, damaged reputation, Privacy Violation, patient abuse or neglect, pain and suffering \$5,000,000.00

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 6-23, 2022.

Signature of Plaintiff

Printed Name of Plaintiff

Imani T. Purvey
Imani T. Purvey

PRESS FIRMLY TO SEAL



7022 0410 0001 4540 0127



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- ** See International Mail Manual at <http://pe.usps.com> for availability and limitations of coverage.

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May 2020
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TO:

Imani Purvey
1416-5D 230th Street
Springfield Gardens, NY 11413

FILED

IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ JUN 27 2022 ★

BROOKLYN OFFICE